### **APPLICATION DATA SHEET**

Application Information			
Application Number::			
Filing Date::	Herewith		
Application Type::	Regular		
Subject Matter::	Utility		
Suggested Classification::			
Suggested Group Art Unit::			
CD-ROM or CD-R::	None		
Number of CD disks::			
Number of Copies of CDs::			
Sequence Submission?::	No		
Computer Readable Form (CRF)?::			
Number of Copies of CRF::			
Title::	DELIVERY VEHICLE FOR RECOMBINANT PROTEINS		
Attorney Docket Number::	UPN-O2906AUSA		
Request for Early Publication?	No		
Request for Non-Publication?	No		
Suggested Drawing Figure::			
Total Drawing Sheets::	2		
Small Entity::	Yes		
Latin name::			
Variety denomination name			
Petition Included::	No		
Petition Type			
Licensed US Govt. Agency::	National Institutes of Health		
Contract or Grant Number::	HL54749, HL64190, HL60169, HL66442, HL47826 and HL63194		

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	US	
Status::	Full Capacity	
Given Name::	Douglas	
Middle Name::	B.	
Family Name::	Cines	
Name Suffix::		
City of Residence::	Wynnewood	
State or Province of Residence::	PA	
Country of Residence::	US	
Street of Mailing Address::	101 Trent Road	
City of Mailing Address::	Wynnewood	
State or Province of Mailing Address::	PA	
Country of Mailing Address::	US	
Postal or Zip Code of Mailing Address::	19096	

Applicant Information			
Applicant Authority Type::	Inventor		
Primary Citizenship Country::	US		
Status::	Full Capacity		
Given Name::	Mortimer		
Middle Name::			
Family Name::	Poncz		
Name Suffix::			
City of Residence::	Wynnewood		
State or Province of Residence::	PA		
Country of Residence::	US		
Street of Mailing Address::	1210 Weymouth Road		
City of Mailing Address::	Wynnewood		
State or Province of Mailing Address::	PA		
Country of Mailing Address::	US		
Postal or Zip Code of Mailing Address::	19096		

Correspondence Information		
Correspondence Customer Number::	00270	
Name::	Howson and Howson	
Street of Mailing Address	Spring House Corporate Center, Box 457	
City of Mailing Address	Spring House	
State or Province of Mailing Address	Pennsylvania	
Country of Mailing Address	US	
Postal or Zip Code of Mailing Address::	19477	
Phone Number::	215-540-9200	
Fax Number::	215-540-5818	
E-Mail Address::	mebak@howsonandhowson.com	

Representative Information		
Representative Customer No. 00270	Registration Number	Name

Domestic Priority Information				
Application	Continuity Type	Parent Application	Parent Filing Date	
This Application	An application claiming the benefit under 35 USC 119(e)	60/424,234	11/05/02	